

Fill in this information to identify the case:

Debtor name QHC Fort Dodge Villa, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

Case number (if known) 21-01648

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 12, 2022

X /s/ Mark A. Hidlebaugh

Signature of individual signing on behalf of debtor

Mark A. Hidlebaugh

Printed name

Authorized, POA

Position or relationship to debtor

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United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF IOWA
Case number (if known):	21-01648

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Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Iowa Medicaid Enterprise PO Box 310280 Des Moines, IA 50331-0280	Geri Paul geri.paul@dia.iowa.gov 515-281-7039	Quality Assurance Assessment Fees				\$791,342.69
Progress Healthcare Staffing 100 E. Euclid Ave, Suite 127 Des Moines, IA 50313	Michelle Brown michelle@progresshealthcarestaffing.com	Staffing Agreement				\$239,293.41
AEROFUND FINANCIAL 6910 SANTA TERESA BLVD SAN JOSE, CA 95119	Chelsa Troy ctroy@aerofund.com					\$215,697.26
TRI-STATE NURSING 3100 SOUTH LAKEPORT ST SIOUX CITY, IA 51106	800-727-1912					\$214,816.12
Millennium Rehab and Consulting Group c/o Rebecca A. Brommell, Esq. Dorsey & Whitney LLP 801 Grand Ave Suite 4100 Des Moines, IA 50309	Hollie Little hlittle@millenniumtherapy.com 515-331-3190	Rehabilitation Services Agreement	Disputed			\$190,101.49

Debtor **QHC Fort Dodge Villa, LLC**
NameCase number (if known) **21-01648**

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
HELPING HANDS NURSING SOLUTIONS 1400 RIVER DRIVE, SUITE 300 NORTH SIOUX CITY, SD 57049	Hollie DeLa Garza hollie@helpinghandsnursingsolutions.com					\$90,262.38
Webster County Treasurer 701 Central Ave Fort Dodge, IA 50501		Property taxes for the 2020 tax year				\$41,208.00
MARTIN BROS DISTRIBUTING PO BOX 69 CEDAR FALLS, IA 50613-0069	800-847-2404					\$36,144.66
Nextaff PO Box 75410 Chicago, IL 60675-5410	Wendy Peterson wpeterson@nextaff.com 515-325-1575	debt collection	Disputed			\$29,189.63
SOLIDCARE STAFFING 6691 FRIENDSHIP PATH Bettendorf, IA 52722	563-293-5864					\$22,785.00
UNITYPOINT AT HOME PO BOX 26786 SALT LAKE CITY, UT 84126-0786						\$19,413.07
MCKESSON PO BOX 630693 CINCINNATI, OH 45263-0693	612-545-5757					\$16,959.27
Iowa Total Care 1080 Jordan Creek Parkway West Des Moines, IA 50266	833-404-1061					\$16,252.83
ABIRACARE, LLC 2800 UNIVERSITY AVE, STE 198 WEST DES MOINES, IA 50266	515-868-3992	Staffing Agreement				\$13,183.20
AVENTURE STAFFING 509 DOUGLAS STREET SIOUX CITY, IA 51101	712-258-2453					\$11,621.09

Debtor **QHC Fort Dodge Villa, LLC**
Name

Case number (if known) **21-01648**

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
PHARMERICA PO BOX 409251 ATLANTA, GA 30384-9251	Shannen Martin Shannen.martin@pharmerica.com					\$11,360.87
Nyemaster Goode PC 700 Walnut St. #1600 Des Moines, IA 50309	515-283-3100	legal services				\$10,394.57
Amerigroup P.O. Box 62947 Virginia Beach, VA 23466-2947						\$8,619.61
RILEY-ARMSTRONG PLUMBING & HEATING 11 N. 20TH ST. FORT DODGE, IA 50501	515-955-2232					\$8,557.14
PAN-O-GOLD BAKING COMPANY ATTN KATHY SNYDER 444 E. St. Germain St. Saint Cloud, MN 56304	320-251-9301					\$8,357.30

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United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

Case number (if known) **21-01648**

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*..... \$ **9,250,000.00**

1b. Total personal property:

Copy line 91A from *Schedule A/B*..... \$ **289,449.82**

1c. Total of all property:

Copy line 92 from *Schedule A/B*..... \$ **9,539,449.82**

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **17,000,000.00**

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **832,693.93**

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **1,259,146.55**

4. Total liabilities

Lines 2 + 3a + 3b

\$ **19,091,840.48**

Fill in this information to identify the case:

Debtor name **QHC Fort Dodge Villa, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**Case number (if known) **21-01648** Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?** No. Go to Part 2. Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor			Current value of debtor's interest
3. Checking, savings, money market, or financial brokerage accounts (Identify all)			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Accessbank	Resident Trust	1900	\$0.00
3.2. Lincoln Savings Bank	Checking - Zero Balance Account	7680	\$0.00
3.3. Citizens Community Credit Union	Checking - Activity Fund	2266	\$0.00
3.4. Green State Credit Union	Checking - Resident Trust Account	1397	\$0.00
3.5. Green State Credit Union	Savings account	1397	\$5.08
3.6. Access Bank	EFT Deposit Account	9953	Unknown
4. Other cash equivalents (Identify all)			

Debtor QHC Fort Dodge Villa, LLC
Name

Case number (*If known*) 21-01648

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$5.08

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	<u>723,355.08</u>	-	<u>433,910.34</u>	=	<u>\$289,444.74</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$289,444.74

Part 4: Investments

13. Does the debtor own any investments?

No. Go to Part 5.

Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.

Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. **Raw materials**

20. **Work in progress**

21. **Finished goods, including goods held for resale**

22. **Other inventory or supplies**

medical supplies,
medicines, medical
equipment. See
Attached list

Unknown

Unknown

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$0.00

24. **Is any of the property listed in Part 5 perishable?**

No

Debtor **QHC Fort Dodge Villa, LLC**
Name

Case number (*If known*) **21-01648**

Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

No

Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

No

Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.

Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.

Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office Furniture	<u>Unknown</u>		<u>Unknown</u>
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Computer equipment and software	<u>Unknown</u>		<u>Unknown</u>

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

No

Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

No

Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.

Yes Fill in the information below.

Part 9: Real property

Debtor QHC Fort Dodge Villa, LLC
Name

Case number (*If known*) 21-01648

54. Does the debtor own or lease any real property?

No. Go to Part 10.
 Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.)	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 2721 10th Ave. North, Fort Dodge, IA ; Current value based on 2016 appraisal	Fee simple	\$0.00	Appraisal	\$9,250,000.00

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$9,250,000.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

No
 Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.
 Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes Fill in the information below.

Debtor QHC Fort Dodge Villa, LLC
Name

Case number (*If known*) 21-01648

Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$5.08	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$289,444.74	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$9,250,000.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$289,449.82	+ 91b. \$9,250,000.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$9,539,449.82

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Debtor name **QHC Fort Dodge Villa, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**Case number (if known) **21-01648** Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

2.1 **Kenneth A. Webb Family Trust**

Creditor's Name

c/o Jeff Schneidman, Esq.
Trustee
Plattner Schneidman Law Firm
9141 E. Hidden Spur Trail
Scottsdale, AZ 85255

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

May 1, 2011

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**2721 10th Ave North, Fort Dodge, IA 50501;
All assets of the company.**

Column A	Column B
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	\$17,000,000.00

Unknown

Describe the lien

Blanket Lien and Mortgage

Is the creditor an insider or related party?

 No Yes

Is anyone else liable on this claim?

 No Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Contingent
 Unliquidated
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$17,000,000.00**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **QHC Fort Dodge Villa, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**Case number (if known) **21-01648** Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
Date or dates debt was incurred	Basis for the claim: For Noticing Purposes Only	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
2.2 Priority creditor's name and mailing address Iowa Department of Revenue Hoover State Office Building PO Box 10471 Des Moines, IA 50306-0471	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
Date or dates debt was incurred	Basis for the claim: For Noticing Purposes Only	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		

Debtor	Priority creditor's name and mailing address	Case number (if known)	
2.3	QHC Fort Dodge Villa, LLC Name Iowa Medicaid Enterprise PO Box 310280 Des Moines, IA 50331-0280		21-01648
	Date or dates debt was incurred October 2018 through June 30, 2021	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$791,342.69 \$791,342.69
	Last 4 digits of account number 3667	<input type="checkbox"/> Contingent	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: Quality Assurance Assessment Fees		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.4	Priority creditor's name and mailing address Iowa Workforce Development Unemployment Insurance Tax Bureau 1000 East Grand Ave. Des Moines, IA 50319	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown Unknown
	Date or dates debt was incurred	<input type="checkbox"/> Contingent	
	Last 4 digits of account number	<input type="checkbox"/> Unliquidated	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input type="checkbox"/> Disputed	
	Basis for the claim: For Noticing Purposes Only		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.5	Priority creditor's name and mailing address Social Security Administration 455 SW 5th Street, Suite F Des Moines, IA 50309	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$78.24 \$78.24
	Date or dates debt was incurred	<input type="checkbox"/> Contingent	
	Last 4 digits of account number	<input type="checkbox"/> Unliquidated	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input type="checkbox"/> Disputed	
	Basis for the claim:		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
2.6	Priority creditor's name and mailing address Webster County Health Department 723 1st Ave S. Fort Dodge, IA 50501	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$65.00 \$65.00
	Date or dates debt was incurred	<input type="checkbox"/> Contingent	
	Last 4 digits of account number	<input type="checkbox"/> Unliquidated	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input type="checkbox"/> Disputed	
	Basis for the claim:		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor	QHC Fort Dodge Villa, LLC Name	Case number (if known)	21-01648
2.7	Priority creditor's name and mailing address Webster County Treasurer 701 Central Ave Fort Dodge, IA 50501	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$41,208.00 \$41,208.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred tax year 2020	Basis for the claim: Property taxes for the 2020 tax year	
	Last 4 digits of account number 7001	Is the claim subject to offset? <input checked="" type="checkbox"/> No	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address ABIRACARE, LLC 2800 UNIVERSITY AVE, STE 198 WEST DES MOINES, IA 50266	\$13,183.20
	Date(s) debt was incurred 9/3/21	
	Last 4 digits of account number _	
	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim: Staffing Agreement	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address ACCESS SYSTEMS LEASING PO BOX 660831 DALLAS, TX 75266-0831	\$1,537.60
	Date(s) debt was incurred _	
	Last 4 digits of account number _	
	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim: _	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3	Nonpriority creditor's name and mailing address ADVENTURE LIGHTING 90 WASHINGTON AVENUE DES MOINES, IA 50314-3648	\$917.37
	Date(s) debt was incurred _	
	Last 4 digits of account number _	
	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim: _	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.4	Nonpriority creditor's name and mailing address Adventure Staffing & Prof. Svcs 509 Douglas St. Sioux City, IA 51101	\$0.00
	Date(s) debt was incurred _	
	Last 4 digits of account number _	
	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim: Staffing Agreement	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.5	Nonpriority creditor's name and mailing address AEROFUND FINANCIAL 6910 SANTA TERESA BLVD SAN JOSE, CA 95119	\$215,697.26
	Date(s) debt was incurred _	
	Last 4 digits of account number _	
	As of the petition filing date, the claim is: <i>Check all that apply.</i>	
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim: _	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	QHC Fort Dodge Villa, LLC	Case number (if known)	21-01648
Name			
3.6	Nonpriority creditor's name and mailing address AFLAC Attn: Legal Department 1932 Wynnton Rd. Columbus, GA 31999	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$791.96
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: _____		
	Date(s) debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.7	Nonpriority creditor's name and mailing address Amerigroup P.O. Box 62947 Virginia Beach, VA 23466-2947	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$8,619.61
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: _____		
	Date(s) debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.8	Nonpriority creditor's name and mailing address ANDERSON ERICKSON DAIRY 2420 EAST UNIVERSITY DES MOINES, IA 50317	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$7,907.97
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: _____		
	Date(s) debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.9	Nonpriority creditor's name and mailing address Asset Protection Unit, Inc. 1212 Ross St Amarillo, TX 79102	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$25.40
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: _____		
	Date(s) debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.10	Nonpriority creditor's name and mailing address AUREON TECHNOLOGY WYNFIELD BUILDING 7760 Office Plaza Dr. S. WEST DES MOINES, IA 50266	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$896.20
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: _____		
	Date(s) debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.11	Nonpriority creditor's name and mailing address AVVENTURE STAFFING 509 DOUGLAS STREET SIOUX CITY, IA 51101	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$11,621.09
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Basis for the claim: _____		
	Date(s) debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.12	Nonpriority creditor's name and mailing address Nicole Bittle c/o Whitney Judkins, Esq. Timmer & Judkins, PLLC 1415 28th St., Suite 375 West Des Moines, IA 50266	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Basis for the claim: <u>damages, attorney fees and costs from lawsuit LACL149989 filed in Polk County</u>		
	Date(s) debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

Debtor	QHC Fort Dodge Villa, LLC	Case number (if known)	21-01648
Name			
3.13	Nonpriority creditor's name and mailing address BLUE RIBBON WATERS PO BOX 1311 FORT DODGE, IA 50501	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,936.36
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.14	Nonpriority creditor's name and mailing address BOMGAARS SUPPLY 1805 ZENITH DRIVE SIOUX CITY, IA 51103-5208	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$47.06
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.15	Nonpriority creditor's name and mailing address BTX IOWA 3160 8TH STREET SW, STE C ALTOONA, IA 50009-1023	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$392.58
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.16	Nonpriority creditor's name and mailing address CAPITAL SANITARY SUPPLY PO BOX 41310 DES MOINES, IA 50311	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,548.63
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.17	Nonpriority creditor's name and mailing address CBS STAFFING, LLC 7517 DOUGLAS AVENUE, #17 URBANDALE, IA 50322	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,024.96
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Basis for the claim: <u>Staffing Agreement</u>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.18	Nonpriority creditor's name and mailing address CENTURY CONTRACT SERVICES PO BOX 5818 CEDAR RAPIDS, IA 52406-5818	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$195.19
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.19	Nonpriority creditor's name and mailing address CENTURY LAUNDRY DISTRIBUTING 5001 J STREET SW CEDAR RAPIDS, IA 52406-5818	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$293.29
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	QHC Fort Dodge Villa, LLC Name	Case number (if known)	21-01648
3.20	Nonpriority creditor's name and mailing address CORPORATE COURIER SERVICES 502 SE SHARON DRIVE ANKENY, IA 50021 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$155.88
3.21	Nonpriority creditor's name and mailing address Coventry Health Care 4320 114th St. Urbandale, IA 50322 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,500.00
3.22	Nonpriority creditor's name and mailing address CRIMMINS & KEHM LAW FIRM 706 1ST AVE N FORT DODGE, IA 50501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$612.50
3.23	Nonpriority creditor's name and mailing address DIRECT SUPPLY PO BOX 88201 MILWAUKEE, WI 53288-0201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,247.80
3.24	Nonpriority creditor's name and mailing address DOLLY'S TRANSPORT PO BOX 128 CEDAR FALLS, IA 50613 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,300.00
3.25	Nonpriority creditor's name and mailing address ECOLAB PEST ELIMINATION 26252 NETWORK PLACE CHICAGO, IL 60673-1262 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,279.26
3.26	Nonpriority creditor's name and mailing address ED M FELD EQUIPMENT CO PO BOX 625 CARROLL, IA 51401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,417.75

Debtor	QHC Fort Dodge Villa, LLC Name	Case number (if known)	21-01648
3.27	Nonpriority creditor's name and mailing address Estate Recovery Program Lillis O'Malley Law Firm 317 6th Ave Unit 600 Des Moines, IA 50309 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$651.45
3.28	Nonpriority creditor's name and mailing address FAVORITE HEALTHCARE STAFFING PO BOX 26225 OVERLAND PARK, KS 66225 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Staffing Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$736.77
3.29	Nonpriority creditor's name and mailing address FERGUSON ENTERPRISES FEI #226 CHICAGO, IL 60680-2817 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.62
3.30	Nonpriority creditor's name and mailing address FORT DODGE MESSENGER PO BOX 659 FORT DODGE, IA 50501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.00
3.31	Nonpriority creditor's name and mailing address FORT DODGE WATER DEPARTMENT 819 1ST AVE SOUTH FORT DODGE, IA 50501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,254.32
3.32	Nonpriority creditor's name and mailing address FRONTIER COMMUNICATIONS PO BOX 740407 CINCINNATI, OH 45274-0407 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,007.71
3.33	Nonpriority creditor's name and mailing address GREAT AMERICA FINANCIAL SERVICES PO BOX 660831 DALLAS, TX 75266-0831 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$564.32

Debtor	QHC Fort Dodge Villa, LLC		Case number (if known)	21-01648
Name				
3.34	Nonpriority creditor's name and mailing address GROWMARK FS PO BOX 790 MANSON, IA 50563-0790	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$174.73
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.35	Nonpriority creditor's name and mailing address GRP & ASSOCIATES PO BOX 94 CLEAR LAKE, IA 50428-0094	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$1,530.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.36	Nonpriority creditor's name and mailing address GUARDIAN PO BOX 677458 DALLAS, TX 75267-7458	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$688.14
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.37	Nonpriority creditor's name and mailing address Health Care Resolutions (HCR) 510 State St. Suite C Cedar Falls, IA 50613	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date(s) debt was incurred _____	Basis for the claim: Staffing Agreement		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.38	Nonpriority creditor's name and mailing address HELPING HANDS NURSING SOLUTIONS 1400 RIVER DRIVE, SUITE 300 NORTH SIOUX CITY, SD 57049	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$90,262.38
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.39	Nonpriority creditor's name and mailing address HY VEE FOOD STORE # 1011 5820 WESTOWN PKWY WEST DES MOINES, IA 50266	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$1,104.92
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date(s) debt was incurred _____	Basis for the claim: Staffing Agreement		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.40	Nonpriority creditor's name and mailing address Industrial Chem Labs 55-G Brook Ave Deer Park, NY 11729	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$209.15
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date(s) debt was incurred _____	Basis for the claim: industrial cleaning products supplier		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	QHC Fort Dodge Villa, LLC	Case number (if known)	21-01648
Name			
3.41	Nonpriority creditor's name and mailing address INTERSTATE ALL BATTERY CENTER 220 AIRPORT ROAD AMES, IA 50010	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$151.56
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: <u>batteries</u>	
	Last 4 digits of account number <u>7470</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.42	Nonpriority creditor's name and mailing address IOWA FIRE CONTROL 3014 5TH AVE S., STE B FORT DODGE, IA 50501	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$325.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.43	Nonpriority creditor's name and mailing address IOWA HEALTH CARE ASSOCIATION 1775 90TH ST. WEST DES MOINES, IA 50266	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,490.43
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.44	Nonpriority creditor's name and mailing address IOWA PHYSICIANS CLINIC MEDICAL PO BOX 1455 DES MOINES, IA 50306-1455	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$228.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.45	Nonpriority creditor's name and mailing address Iowa Total Care 1080 Jordan Creek Parkway West Des Moines, IA 50266	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$16,252.83
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.46	Nonpriority creditor's name and mailing address Isolved Benefit Services PO Box 889 Coldwater, MI 49036	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$30.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.47	Nonpriority creditor's name and mailing address MARTIN BROS DISTRIBUTING PO BOX 69 CEDAR FALLS, IA 50613-0069	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$36,144.66
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	QHC Fort Dodge Villa, LLC		Case number (if known)	21-01648
Name				
3.48	Nonpriority creditor's name and mailing address MCKESSON PO BOX 630693 CINCINNATI, OH 45263-0693	As of the petition filing date, the claim is: Check all that apply.	\$16,959.27	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.49	Nonpriority creditor's name and mailing address MEDIACOM P.O.BOX 5744 CAROL STREAM, IL 60197-5744	As of the petition filing date, the claim is: Check all that apply.	\$1,521.67	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.50	Nonpriority creditor's name and mailing address Menards Attn: Legal Dept 4777 Menard Dr. Eau Claire, WI 54703	As of the petition filing date, the claim is: Check all that apply.	\$175.03	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.51	Nonpriority creditor's name and mailing address MID AMERICAN ENERGY PO BOX 8020 DAVENPORT, IA 52808-8020	As of the petition filing date, the claim is: Check all that apply.	\$5,358.75	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.52	Nonpriority creditor's name and mailing address Millennium Rehab and Consulting Group c/o Rebecca A. Brommell, Esq. Dorsey & Whitney LLP 801 Grand Ave Suite 4100 Des Moines, IA 50309	As of the petition filing date, the claim is: Check all that apply.	\$190,101.49	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
	Date(s) debt was incurred _____	Basis for the claim: <u>Rehabilitation Services Agreement</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.53	Nonpriority creditor's name and mailing address DR. RANDALL MINION 710 ELIZABETH AVE FORT DODGE, IA 50501	As of the petition filing date, the claim is: Check all that apply.	\$2,000.00	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.54	Nonpriority creditor's name and mailing address NATIONWIDE PO BOX 10479 DES MOINES, IA 50306-0479	As of the petition filing date, the claim is: Check all that apply.	\$300.00	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	QHC Fort Dodge Villa, LLC	Case number (if known)	21-01648
Name			
3.55	Nonpriority creditor's name and mailing address NBC 1439 W. Chapman Ave #64 Orange, CA 92868	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$487.45
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: Office supplies	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.56	Nonpriority creditor's name and mailing address Nextaff PO Box 75410 Chicago, IL 60675-5410	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$29,189.63
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred <u>11/24/20 - 3/18/21</u>	Basis for the claim: debt collection	
	Last 4 digits of account number <u>733</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.57	Nonpriority creditor's name and mailing address NUCARA PHARMACY 1900 JAMES ST, #10 CAROLVILLE, IA 52241-1825	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,856.93
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.58	Nonpriority creditor's name and mailing address NursePro Staffing Agency, Inc. 1511 30th St. Des Moines, IA 50311	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Unknown
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: Staffing Agreement	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.59	Nonpriority creditor's name and mailing address Nyemaster Goode PC 700 Walnut St. #1600 Des Moines, IA 50309	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$10,394.57
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: legal services	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.60	Nonpriority creditor's name and mailing address PAN-O-GOLD BAKING COMPANY ATTN KATHY SNYDER 444 E. St. Germain St. Saint Cloud, MN 56304	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$8,357.30
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.61	Nonpriority creditor's name and mailing address PATHFINDERS STRATEGIC PARTNERS 602 1ST AVE SOUTH FORT DODGE, IA 50501	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$912.00
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	QHC Fort Dodge Villa, LLC	Case number (if known)	21-01648
Name			
3.62	Nonpriority creditor's name and mailing address PATHOLOGY LABORATORY P.O. BOX 569 DES MOINES, IA 50302-0569	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$253.00
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.63	Nonpriority creditor's name and mailing address PEDERSON SANITATION PO BOX 1001 FORT DODGE, IA 50501	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$766.64
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.64	Nonpriority creditor's name and mailing address PELHAM'S PO BOX 1311 FORT DODGE, IA 50501	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$262.68
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.65	Nonpriority creditor's name and mailing address PHARMERICA PO BOX 409251 ATLANTA, GA 30384-9251	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$11,360.87
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.66	Nonpriority creditor's name and mailing address POINTCLICKCARE TECHNOLOGIES INC. PO BOX 674802 DETROIT, MI 48267-4802	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$4,205.46
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.67	Nonpriority creditor's name and mailing address PRO SHIELD 1118 LAPORTE ROAD WATERLOO, IA 50702	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3.92
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.68	Nonpriority creditor's name and mailing address Progress Healthcare Staffing 100 E. Euclid Ave, Suite 127 Des Moines, IA 50313	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$239,293.41
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: <u>Staffing Agreement</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	QHC Fort Dodge Villa, LLC		Case number (if known)	21-01648
Name				
3.69	Nonpriority creditor's name and mailing address PROVIDERS PLUS 1519 N 51ST STREET OMAHA, NE 68104-5008	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$437.73
	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
	Basis for the claim: __			
	Last 4 digits of account number __		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.70	Nonpriority creditor's name and mailing address QUILL CORPORATION PO BOX 37600 PHILADELPHIA, PA 19101-0600	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$831.32
	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
	Basis for the claim: __			
	Last 4 digits of account number __		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.71	Nonpriority creditor's name and mailing address R & J MATERIAL HANDLING 1864 KOUNTRY LANE FORT DODGE, IA 50501	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$897.13
	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
	Basis for the claim: __			
	Last 4 digits of account number __		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.72	Nonpriority creditor's name and mailing address RILEY-ARMSTRONG PLUMBING & HEATING 11 N. 20TH ST. FORT DODGE, IA 50501	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$8,557.14
	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
	Basis for the claim: __			
	Last 4 digits of account number __		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.73	Nonpriority creditor's name and mailing address RNL SERVICES LLC PO BOX 656 KNOXVILLE, IA 50138	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$445.00
	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
	Basis for the claim: __			
	Last 4 digits of account number __		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.74	Nonpriority creditor's name and mailing address Sandgren, Kim 3130 Easter Avenue Callender, IA 50523-7505	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$2,644.80
	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
	Basis for the claim: __			
	Last 4 digits of account number __		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.75	Nonpriority creditor's name and mailing address SERENITY AQUARIUM AND AVIARY SERVICES PO BOX 635 NEENAH, WI 54956	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$704.06
	<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed	
	Basis for the claim: __			
	Last 4 digits of account number __		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	QHC Fort Dodge Villa, LLC		Case number (if known)	21-01648
Name				
3.76	Nonpriority creditor's name and mailing address SIGNATURE HEALTHCARE, LLC 14225 UNIVERSITY AVE, STE #130 WAUKEE, IA 50263	As of the petition filing date, the claim is: Check all that apply.		\$527.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.77	Nonpriority creditor's name and mailing address SMITTY'S LAWN & LANDSCAPE 2305 2ND AVE NORTH FORT DODGE, IA 50501	As of the petition filing date, the claim is: Check all that apply.		\$2,592.61
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.78	Nonpriority creditor's name and mailing address SOLIDCARE STAFFING 6691 FRIENDSHIP PATH Bettendorf, IA 52722	As of the petition filing date, the claim is: Check all that apply.		\$22,785.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.79	Nonpriority creditor's name and mailing address SOLVED BENEFIT SERVICES ATTN: FINANCE DEPT COLDWATER, MI 49036-0889	As of the petition filing date, the claim is: Check all that apply.		\$30.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.80	Nonpriority creditor's name and mailing address STERICYCLE INC 28883 NETWORK PLACE CHICAGO, IL 60673-1288	As of the petition filing date, the claim is: Check all that apply.		\$377.79
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.81	Nonpriority creditor's name and mailing address TNN Iowa Inc. 4948 Pleasant St. West Des Moines, IA 50266	As of the petition filing date, the claim is: Check all that apply.		\$0.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date(s) debt was incurred _____	Basis for the claim: <u>Staffing Agreement</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.82	Nonpriority creditor's name and mailing address TRI-STATE NURSING 3100 SOUTH LAKEPORT ST SIOUX CITY, IA 51106	As of the petition filing date, the claim is: Check all that apply.		\$214,816.12
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	QHC Fort Dodge Villa, LLC		Case number (if known)	21-01648
Name				
3.83	Nonpriority creditor's name and mailing address TRIMARK CORP HEALTH SERVICES 2520 9th AVE. S FORT DODGE, IA 50501		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____		Basis for the claim: <u>Staffing Agreement</u>	
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.84	Nonpriority creditor's name and mailing address TRINITY REGIONAL MEDICAL CENTER PO BOX 26708 SALT LAKE CITY, UT 84126-0708		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____		Basis for the claim: _____	
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.85	Nonpriority creditor's name and mailing address UNITYPOINT AT HOME PO BOX 26786 SALT LAKE CITY, UT 84126-0786		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____		Basis for the claim: _____	
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.86	Nonpriority creditor's name and mailing address UNITYPOINT CLINIC PO BOX 1317 DES MOINES, IA 50305-1317		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____		Basis for the claim: _____	
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.87	Nonpriority creditor's name and mailing address UNITYPOINT HEALTH PO BOX 83381 CHICAGO, IL 60691-0381		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____		Basis for the claim: _____	
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.88	Nonpriority creditor's name and mailing address UNITYPOINT HEALTH HOSPITALS MAILSTOP #54726368 DALLAS, TX 75266-0827		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____		Basis for the claim: _____	
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.89	Nonpriority creditor's name and mailing address VALLEY WEST UNIFORMS 4100 UNIVERSITY AVE, SUITE 230 WEST DES MOINES, IA 50266		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____		Basis for the claim: <u>Staffing Agreement</u>	
	Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	QHC Fort Dodge Villa, LLC	Case number (if known)	21-01648
Name			
3.90	Nonpriority creditor's name and mailing address WALMART PO BOX 530933 ATLANTA, GA 30353-0933	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,266.31
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.91	Nonpriority creditor's name and mailing address WEBSTER GLASS CO 12 NORTH 16TH ST FORT DODGE, IA 50501	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$294.79
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.92	Nonpriority creditor's name and mailing address WELLMARK BCBS PO BOX 14456 DES MOINES, IA 50306	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$8,112.44
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.93	Nonpriority creditor's name and mailing address WINGER SERVICE PO BOX 637 OTTUMWA, IA 52501	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,043.21
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.94	Nonpriority creditor's name and mailing address KRISTI ZWIEFEL 2486 VIRGINIA PARKWAY WEBSTER CITY, IA 50595	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,910.04
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	AFLAC PO Box 5388 Columbus, GA 31906-0388	Line <u>3.6</u>	—
		<input type="checkbox"/> Not listed. Explain _____	
4.2	Camillus Staffing LLC dba Nextaff c/o Tom Moreland, Owner 6600 Westown Pkwy Suite 200 West Des Moines, IA 50266	Line <u>3.56</u>	—
		<input type="checkbox"/> Not listed. Explain _____	

Debtor	QHC Fort Dodge Villa, LLC Name	Case number (if known)	21-01648
Name and mailing address		On which line in Part 1 or Part 2 is the related creditor (if any) listed?	
4.3	Centers for Medicare and Medicaid Svcs Attn: Marsophia Powers 601 E. 12th St., Room 235 Kansas City, MO 64106	Line <u>2.3</u>	—
		<input type="checkbox"/> Not listed. Explain _____	—
4.4	Helping Hands Nursing Solutions 4300 S. Lakeport St. Suite 106 Sioux City, IA 51106-4934	Line <u>3.38</u>	—
		<input type="checkbox"/> Not listed. Explain _____	—
4.5	Iowa Dept of Inspections & Appeals Attn: Dawn Fisk Health Facilities Division 321 E 12th St. Des Moines, IA 50319	Line <u>2.3</u>	—
		<input type="checkbox"/> Not listed. Explain _____	—
4.6	Iowa Medicaid Enterprise Attn: Elizabeth Matney, Director Hoover Building 1305 E. Walnut St. Des Moines, IA 50319	Line <u>2.3</u>	—
		<input type="checkbox"/> Not listed. Explain _____	—
4.7	Justin J. Randall, Esq. McCormick & Associates 808 13th St. West Des Moines, IA 50265	Line <u>3.82</u>	—
		<input type="checkbox"/> Not listed. Explain _____	—
4.8	Justin J. Randall, Esq. McCormick & Associates 808 13th St. West Des Moines, IA 50265	Line <u>3.68</u>	—
		<input type="checkbox"/> Not listed. Explain _____	—
4.9	Robert C. Gainer, Esq. Cutler Law Firm 1307 50th St. West Des Moines, IA 50266	Line <u>3.56</u>	—
		<input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1
5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts		
5a.	\$	832,693.93
5b.	+	\$ 1,259,146.55
5c.	\$	2,091,840.48

Fill in this information to identify the case:

Debtor name **QHC Fort Dodge Villa, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

Case number (if known) **21-01648**

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Staffing Agreement

State the term remaining

List the contract number of any government contract

**ABIRACARE, LLC
2800 UNIVERSITY AVE, STE 198
WEST DES MOINES, IA 50266**

2.2. State what the contract or lease is for and the nature of the debtor's interest

Staffing Agreement

State the term remaining

List the contract number of any government contract

**Adventure Staffing & Prof. Svcs
509 Douglas St.
Sioux City, IA 51101**

2.3. State what the contract or lease is for and the nature of the debtor's interest

Mobile Imaging Services Agreement

State the term remaining

List the contract number of any government contract

**BTX IOWA
3160 8TH STREET SW, STE C
ALTOONA, IA 50009-1023**

2.4. State what the contract or lease is for and the nature of the debtor's interest

Staffing Agreement

State the term remaining

List the contract number of any government contract

**CBS STAFFING, LLC
7517 DOUGLAS AVENUE, #17
URBANDALE, IA 50322**

Debtor 1 **QHC Fort Dodge Villa, LLC**

First Name

Middle Name

Last Name

Case number (if known)

21-01648**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

Staffing Agreement

State the term remaining

List the contract number of any government contract

FAVORITE HEALTHCARE STAFFING
PO BOX 26225
OVERLAND PARK, KS 66225

2.6. State what the contract or lease is for and the nature of the debtor's interest

Staffing Agreement

State the term remaining

List the contract number of any government contract

Health Care Resolutions (HCR)
510 State St. Suite C
Cedar Falls, IA 50613

2.7. State what the contract or lease is for and the nature of the debtor's interest

Staffing Agreement

State the term remaining

List the contract number of any government contract

HELPING HANDS NURSING SOLUTIONS
1400 RIVER DRIVE, SUITE 300
NORTH SIOUX CITY, SD 57049

2.8. State what the contract or lease is for and the nature of the debtor's interest

Staffing Agreement

State the term remaining

List the contract number of any government contract

NursePro Staffing Agency, Inc.
1511 30th St.
Des Moines, IA 50311

2.9. State what the contract or lease is for and the nature of the debtor's interest

Staffing Agreement

State the term remaining

List the contract number of any government contract

Progress Healthcare Staffing
100 E. Euclid Ave, Suite 127
Des Moines, IA 50313

2.10. State what the contract or lease is for and the nature of the debtor's interest

Staffing Agreement

State the term remaining

List the contract number of any

SOLIDCARE STAFFING
6691 FRIENDSHIP PATH
Bettendorf, IA 52722

Debtor 1 **QHC Fort Dodge Villa, LLC**

First Name

Middle Name

Last Name

Case number (if known)

21-01648**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract _____

2.11. State what the contract or lease is for and the nature of the debtor's interest

Staffing Agreement

State the term remaining _____

List the contract number of any government contract _____

TNN Iowa Inc.
4948 Pleasant St.
West Des Moines, IA 50266

2.12. State what the contract or lease is for and the nature of the debtor's interest

Staffing Agreement

State the term remaining _____

List the contract number of any government contract _____

TRI-STATE NURSING
3100 SOUTH LAKEPORT ST
SIOUX CITY, IA 51106

2.13. State what the contract or lease is for and the nature of the debtor's interest

**Subscription Service
 Agreement for a
 website designed to
 maintain patient/client
 records**

State the term remaining _____

List the contract number of any government contract _____

Wescom Solutions, Inc.
dba Pointclickcare.com
6975 Creditview Rd. Unit 4
Mississauga, Ontario L5N 8E9
CANADA

Fill in this information to identify the case:

Debtor name **QHC Fort Dodge Villa, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

Case number (if known) **21-01648**

Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

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Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
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2.1	Crestridge, Inc.	1015 Wesley Dr. Maquoketa, IA 52060	Kenneth A. Webb Family Trust	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.2	Crestview Acres, Inc.	1485 Grand Ave Marion, IA 52302	Kenneth A. Webb Family Trust	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.3	Nancy A. Voyna	8350 Hickman Rd. Suite 15 Des Moines, IA	Kenneth A. Webb Family Trust	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.4	QHC Facilities, LLC	8350 Hickman Rd. Suite 15 Clive, IA 50325	Kenneth A. Webb Family Trust	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.5	QHC Humboldt North, LLC	1111 11th Ave North Humboldt, IA 50548-1225	Kenneth A. Webb Family Trust	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **QHC Fort Dodge Villa, LLC**

Case number (if known) **21-01648**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	QHC Humboldt South, LLC	800 13th St. South Humboldt, IA 50548-2439	Kenneth A. Webb Family Trust	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.7	QHC Madison Square, LLC	209 W. Jefferson St. Winterset, IA 50273	Kenneth A. Webb Family Trust	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.8	QHC Management, LLC	8350 Hickman Rd. Suite 15 Clive, IA 50325	Kenneth A. Webb Family Trust	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.9	QHC Mitchellville, LLC	114 Carter St. SW Mitchellville, IA 50169	Kenneth A. Webb Family Trust	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.10	QHC Villa Cottages LLC	925 Martin Luther King Dr. Fort Dodge, IA 50501-2866	Kenneth A. Webb Family Trust	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.11	QHC Winterset Care Center North, LLC	411 East Lane St. Winterset, IA 50273-1217	Kenneth A. Webb Family Trust	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name **QHC Fort Dodge Villa, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

Case number (if known) **21-01648**

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 1/01/2021 to Filing Date

Operating a business

Unknown

Other _____

For prior year:

From 1/01/2020 to 12/31/2020

Operating a business

\$5,349,213.00

Other _____

For year before that:

From 1/01/2019 to 12/31/2019

Operating a business

\$3,977,665.00

Other _____

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor QHC Fort Dodge Villa, LLC

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. ABIRACARE, LLC 2800 UNIVERSITY AVE, STE 198 WEST DES MOINES, IA 50266	9/29/21 - 12/22/21	\$45,602.70	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. AEROFUND FINANCIAL 6910 SANTA TERESA BLVD SAN JOSE, CA 95119	10/7/21-12/23 /21	\$243,856.47	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.3. HELPING HANDS NURSING SOLUTIONS 1400 RIVER DRIVE, SUITE 300 NORTH SIOUX CITY, SD 57049	9/29/21 - 12/21/21	\$316,812.24	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.4. MARTIN BROS DISTRIBUTING PO BOX 69 CEDAR FALLS, IA 50613-0069	10/1/2021-12/ 15/21	\$57,064.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.5. MID AMERICAN ENERGY PO BOX 8020 DAVENPORT, IA 52808-8020	10/22/21 - 12/23/21	\$19,247.16	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>gas/electric</u>
3.6. Millennium Rehab and Consulting Group c/o Rebecca A. Brommell, Esq. Dorsey & Whitney LLP 801 Grand Ave Suite 4100 Des Moines, IA 50309	12/10/21	\$16,963.52	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.7. Nyemaster Goode PC 700 Walnut St. #1600 Des Moines, IA 50309	12/28/21	\$10,370.57	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.8. POINTCLICKCARE TECHNOLOGIES INC. PO BOX 674802 DETROIT, MI 48267-4802	10/4/21-12/14 /21	\$8,410.92	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

Debtor QHC Fort Dodge Villa, LLC

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.9. SOLIDCARE STAFFING 6691 FRIENDSHIP PATH Bettendorf, IA 52722	11/12/21-12/2 2/21	\$62,292.20	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____

3.10	WELLMARK BCBS PO BOX 14456 DES MOINES, IA 50306	10/15/21-12/2 0/21	\$26,617.42	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>health insurance</u>
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4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

 None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

 None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

 None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

 None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Millenium Rehab and Consulting v. QHC Facilities LLC et al LACL151779	Contract/Debt Collection	Polk County Clerk of Court RE: LACL151779 Polk County Courthouse 500 Mulberry St. Des Moines, IA 50309-4238	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor QHC Fort Dodge Villa, LLC

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.2. Camillus Staffing LLC d/b/a Nextaff v. QHC Management LLC et al LACL150417		Polk County Clerk of Court RE: LACL150417 Polk County Courthouse 500 Mulberry St. Des Moines, IA 50309-4238	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3. Nicole Bittle v. QHC Management LLC dba Fort Dodge Villa, et al LACL 149989	Racial Harassment, Discrimination, Violation of Civil Rights Act	Polk County Clerk of Court RE: LACK149989 Polk County Courthouse 500 Mulberry St. Des Moines, IA 50309-4238	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Debtor QHC Fort Dodge Villa, LLC

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Bradshaw, Fowler, Proctor & Fairgrave PC 801 Grand Ave Suite 3711 Des Moines, IA 50309		<u>12/24/2021</u>	<u>\$2,500.00</u>
<u>Email or website address</u> <u>bradshawlaw.com</u>			
<u>Who made the payment, if not debtor?</u>			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

 None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

 None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

 No. Go to Part 9. Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. Fort Dodge Villa Care Center 2721 10th Ave North Fort Dodge, IA 50501	Skilled Nursing Facility	<u>107</u>
<u>Location where patient records are maintained</u> (if different from facility address). If electronic, identify any service provider. <u>2721 10th Ave North, Fort Dodge, IA 50501</u>		
<u>How are records kept?</u>		
<u>Check all that apply:</u>		

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
		<input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

No.
 Yes. State the nature of the information collected and retained.

Medical information, financial information, family/next of kin information

Does the debtor have a privacy policy about that information?

No
 Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.
 Yes. Does the debtor serve as plan administrator?

No Go to Part 10.
 Yes. Fill in below:

Name of plan

QHC Facilities, LLC 401(k) Plan

Employer identification number of the plan

EIN: 26-2923180

Has the plan been terminated?

No
 Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None

Owner's name and address	Location of the property	Describe the property	Value
Residents of Fort Dodge Villa 2721 10th Ave North Fort Dodge, IA 50501	Access Bank 8712 West Dodge Rd. Omaha, NE 68114	Residents' Trust account ending in 1900	Unknown
Residents of Fort Dodge Villa Care Cente 2721 10th Ave North Fort Dodge, IA 50501	Green State Credit Union PO Box 800 North Liberty, IA 52317	Residents' Trust account ending in 1397	Unknown

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.** No. Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law? No. Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material? No. Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
26a.1. MCGOWEN, HURST, CLARK & SMITH, PC c/o Dan Schwarz, CPA 1601 WEST LAKES PKWY SUITE 300 WEST DES MOINES, IA 50266	2020 to the present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
26c.1. MCGOWEN, HURST, CLARK & SMITH, PC c/o Dan Schwarz, CPA 1601 WEST LAKES PKWY, Suite 300 WEST DES MOINES, IA 50266	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address
26d.1. Lincoln Savings Bank Ankeny Office 1375 SW State St. Ankeny, IA 50023

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Debtor QHC Fort Dodge Villa, LLCCase number (if known) 21-01648

Name	Address	Position and nature of any interest	% of interest, if any
Nancy A. Voyna	8350 Hickman Rd. Suite 15 Des Moines, IA	Owner, managing member	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No
 Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Jerry W. Voyna (Deceased)	8350 Hickman Rd. Suite 15 Clive, IA 50325	Managing Member now Deceased	June 2008 to June 10, 2021 (Date of Death)

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No
 Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No
 Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
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Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 12, 2022

/s/ Mark A. Hidlebaugh

Signature of individual signing on behalf of the debtor

Mark A. Hidlebaugh

Printed name

Position or relationship to debtor Authorized, POA

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes

**United States Bankruptcy Court
Southern District of Iowa**

In re **QHC Fort Dodge Villa, LLC**

Case No. **21-01648**
Chapter **11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Nancy A. Voyna 8350 Hickman Road, Suite 15 Clive, IA 50325		100	Managing Member

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Authorized, POA** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **January 12, 2022**

Signature **/s/ Mark A. Hidlebaugh**
Mark A. Hidlebaugh

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.